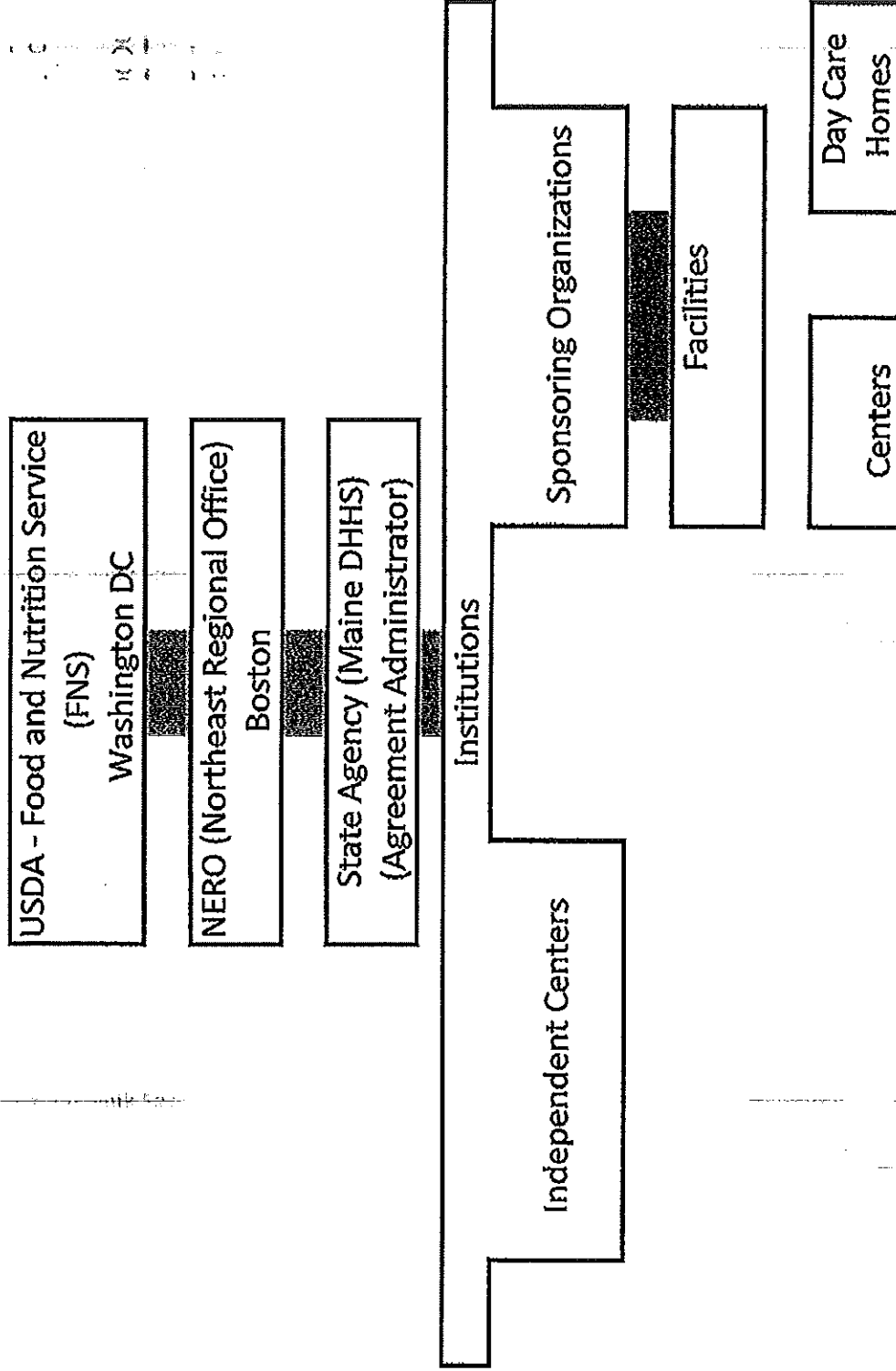


## CACFP ORGANIZATIONAL STRUCTURE



## REPORTABLE CHANGES FOR CACFP AGREEMENT

E-mail the following changes to your Agreement Administrator:

- Name changes
- Address changes
- Tier changes (home sponsors)
- License capacity changes
- Changes regarding the claiming of a provider claiming own children (home sponsors)
- Change of children enrolled in excess of license capacity
- Change of key staff involved in CACFP (ie. Directors, Managers, Financial staff, etc.)  
\*\*Note: Non-profits may need Board approval
- Budgetary changes
- Enrollment numbers
- Additions or deletions of a sponsored Center or Provider

Changes that do not need to be reported:

- Mealtime changes
- Meals being claimed
- Update to license certification numbers or effective dates
- Telephone numbers

Document ALL changes in your Agreement on file so that it is available and up-to-date for Administrative Review.



STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
11 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0011

Paul R. LePage  
Governor

For Use in **CHILD CARE CENTERS**  
July 1, 2016 to June 30, 2017

Dear Parent:

The Child Care Center in which you are enrolling your child participates in the U.S. Department of Agriculture's Child and Adult Care Food Program. This means the Center must serve meals and supplements that meet or exceed the nutritional requirements set forth by the U.S. Government.

In return for serving meals and supplements that meet these requirements, the Center receives payment from the USDA based on the income levels of the families being served. The higher the number of children served by the Center who come from low income households, the higher is the level of reimbursement received by the Center for the meals and supplements it serves.

In order to determine the level of reimbursement to be received by the Center for meals or supplements served to your child, USDA requests you to complete the attached application and to include all of the following information on the appropriate lines.

1. The name and age of the child for whom you are making application.
2. If the child for whom you are making application, or any other person in your household, is a member of a Supplemental Nutrition Assistance Program (SNAP) Household (formerly known as Food Stamps), Temporary Assistance to Needy Families (TANF) Assistance Unit or a household that receives benefits under the Food Distribution Program on Indian Reservations (FDPIR), you may give their SNAP, TANF or FDPIR case number in PART I and then skip to PART III.
3. IN PART II you must include the name of each person living in the "household". A "household" is any group of persons living together sharing income and living expenses. These persons may or may not all be related to each other.
4. The last four (4) digits of the Social Security number of the household member or guardian who signs the application form.
5. The total income, before deductions, from all sources, for all persons living in the household.
6. The signature, address, and telephone number of the person completing the application form. The date the form was signed must also be included.

By regulation, if any of the above required information is not included on the application form, the Center has to consider your child to be in that category of eligibility which qualifies it to receive the lowest level of payment for the meals and supplements your child will receive.

The following chart shows the upper income level for the 'Tier I' category for the period **July 1, 2016 to June 30, 2017**. If the total income for your household size is equal to or less than the amount shown, the center serving your child will be able to receive the Tier I, or highest, level of reimbursement for meals or supplements served to your child.

**Eligibility Scale for "Reduced-Price" Meals**

<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
<b>Each Additional Family Member</b>	7,696	642	321	296	148

If a member of your household becomes unemployed, your child may become eligible for "Free" or "Reduced-Price" meals during the period of unemployment, provided the loss of income causes the household income to fall within the eligibility guidelines for your household size.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY) or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Thank you.

Sincerely,

Staff:  
Child and Adult Care Food Program  
Office of Child and Family Services

**APPLICATION FOR "FREE" OR "REDUCED-PRICE" MEALS  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

CHILD FOR WHOM APPLICATION IS BEING MADE: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Days of the Week in Care	Hours in Care ( i.e. 7:30 – 5:00 )	Meals Received While in Care*							
<input type="checkbox"/> Monday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Thursday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Friday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Saturday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		
<input type="checkbox"/> Sunday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S		

\* Br = Breakfast    AM S = AM Snack    Lu = Lunch    PM S = PM Snack    Su = Supper    E S = Evening Snack

**NOTE:** If you are applying for CACFP benefits on behalf of a Foster Child, please check this box and notify the person to whom you return this form.    ☐ Foster Child

**PART I: HOUSEHOLDS RECEIVING SNAP, TANF OR FDPIR BENEFITS:**

If you, your child, or any other person living in your household, currently receives SNAP, TANF or FDPIR benefits, please provide their SNAP, TANF or FDPIR case number. DO NOT COMPLETE Part II; skip to Part III. Part III must include the printed name and signature of the adult who completes this application. The date the application was completed needs to be included also.

(a) ☐ YES: A member of this household receives SNAP, TANF or FDPIR benefits.

(b) SNAP Case Number: # \_\_\_\_\_ (not EBT number)

(c) TANF Case Number: # \_\_\_\_\_

(d) FDPIR Case Number: # \_\_\_\_\_

If applicable, your child's Free or Reduced-Price meal eligibility information will be disclosed to Medicaid and/or SCHIP unless you elect not to have the information disclosed. The information will be used to identify children eligible for, and to seek to enroll children in, a health insurance program. Your decision on whether to disclose this information will not affect your child's eligibility for Free or Reduced-Price meals.

If you elect not to have this information disclosed to Medicaid and/or SCHIP, please check this box: ☐

**NOTE #1:**

If no one in your household receives SNAP, TANF or FDPIR benefits, or if you do not provide their case number, you must complete Part II and Part III in order for your child to qualify for either "Free" or "Reduced-Price" meals. You must also include the last four (4) digits of your Social Security Number on the line next to your signature.

**PART II: ALL OTHER HOUSEHOLDS:**

(a) **Household Members:** List the name of every person living in your household. Be sure to include yourself and the child listed above.

(b) **Social Security Number:** Section 9 of the National School Lunch Act requires that, unless a SNAP or TANF case number is provided for your child, you must include the last four (4) digits of your Social Security number on the application. This must be the Social Security number of the adult household member signing the application. If the adult household member signing the application does not possess a Social Security number, he/she must indicate so on the application. Provision of a Social Security number is not mandatory, but if the last four (4) digits of the adult household member's Social Security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a SNAP, Indian Tribal Organization or Welfare Office to determine current certification for receipt of SNAP, FDPIR or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

(C) **Income:** List all income from all sources received last month on the same line as the name of the person who received it. Income must be gross, that is, it must be the amount received before deductions for taxes, Social Security, dues, insurance, etc. List each amount under the correct column. *If you are in the Military Privatized Housing Initiative or receive combat pay, please do not include these allowances as income.*

1-800-368-5848

**LIST ALL HOUSEHOLD MEMBERS:**

Names of Household Members:	Age	Monthly Gross Wages or Net Self-Employment	Monthly TANF, Alimony, Welfare, Child Support	Monthly Pensions, SSI, Social Security, Workers Comp, Unemployment Comp, Insurance & Retirement
1.				
2.				
3.				
4.				
5.				
6.				

(Note: Weekly income x 4.333 weeks; Bi-weekly income x 2.15 weeks)

**TOTAL MONTHLY HOUSEHOLD INCOME:**

**PART III:**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY) or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that all income is reported. I understand this information is being given in connection with the receipt of Federal Funds and Program Officials may verify the information on the application and that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal Criminal Statutes.

(PRINT NAME OF ADULT)	(LAST 4 DIGITS OF SS#)	(SIGNATURE OF ADULT)	(DATE)
(HOUSEHOLD ADDRESS OF ADULT)		(HOME PHONE)	(WORK PHONE)

**ALL HOUSEHOLDS: Racial/Ethnic Identity:\***

1. Ethnicity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

2. Race (mark one or more):

- ☐ American Indian or Alaskan Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

\*This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application. If you decline to self-identify your child's race and ethnicity, a visual identification will be made and recorded.

**THIS PORTION MUST BE COMPLETED BY CHILD CARE CENTER PERSONNEL:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Eligibility Category (Circle One):

Free

Reduced-Price

Paid



### Free Reduced and Paid List

YR:

Month:

Center:

[illegible]



# Child and Adult Care Food Program



## FOOD CHART



Ages:

1-2

3-5

6-12

### Breakfast

1 Fluid Milk	½ cup	¾ cup	1 cup
1 Vegetable/Fruit	½ cup	½ cup	½ cup
1 Grain/Bread			
• Bread	½ slice	½ slice	1 slice
• Biscuit/Roll/Muffin/Cornbread	½ serving	½ serving	1 serving
• Cold Dry Cereal	¾ cup	1/3 cup	¾ cup
• Hot Cooked Cereal	¾ cup	¾ cup	½ cup

### Lunch/Supper

1 Fluid Milk	½ cup	¾ cup	1 cup
2 Vegetable/Fruit (2 different types)	½ cup	½ cup	¾ cup
1 Grain/Bread			
• Bread	½ slice	½ slice	1 slice
• Biscuit/Roll/Muffin/Cornbread	½ serving	½ serving	1 serving
• Pasta/Noodles/Grains	¾ cup	¾ cup	½ cup
1 Meat/Meat Alternate			
• Meat/Poultry/Fish	1 oz.	1 ½ oz.	2 oz.
• Cheese	1 oz.	1 ½ oz.	2 oz.
• Egg	½	¾	1
• Cooked Dry Beans or Peas	¾ cup	3/8 cup	½ cup
• Peanut Butter or Nut/Seed Butters	2 Tbsp.	3 Tbsp.	4 Tbsp.
• Nuts and Seeds	½ oz.	¾ oz.	1 oz.
• Yogurts	4 oz.	6 oz.	8 oz.
• Alternate Protein Product	1 oz.	1 ½ oz.	2 oz.

### Snack (Select at least two different components from the following four\*\*)

1 Fluid Milk	½ cup	¾ cup	1 cup
1 Vegetable/Fruit	½ cup	½ cup	¾ cup
1 Grain/Bread	½ slice or serving	½ slice or serving	1 slice or serving
1 Meat/Meat Alternate			
• Cheese	½ oz.	½ oz.	1 oz.
• Egg	½	½	½
• Peanut Butter or Nut/Seed Butters	1 Tbsp.	1 Tbsp.	2 Tbsp.
• Nuts and Seeds	½ oz.	½ oz.	1 oz.
• Yogurts	2 oz.	2 oz.	4 oz.

# Child and Adult Care Food Program



## FOOD CHART



### ADULT CARE MEAL PATTERN

#### Breakfast (All 3 Components)

1 Fluid Milk	1 cup
1 Vegetable/Fruit	½ cup
1 Grain/Bread	
• Bread	2 slices
• Biscuit/Roll/Muffin/Cornbread	2 servings
• Cold Dry Cereal	1 ½ cups
• Hot Cooked Cereal	1 cup

#### Lunch (All 4 Components)

1 Fluid Milk	1 cup
2 Vegetable/Fruit (2 different types)	1 cup
1 Grain/Bread	
• Bread	2 slices
• Biscuit/Roll/Muffin/Cornbread	2 servings
• Pasta/Noodles/Grains	1 cup
1 Meat/Meat Alternate	
• Meat/Poultry/Fish	2 oz.
• Cheese	2 oz.
• Egg	1
• Cooked Dry Beans or Peas	½ cup
• Peanut Butter or Nut/Seed Butters	4 Tbsp.
• Nuts and Seeds	1 oz.
• Yogurts	8 oz.
• Alternate Protein Product	2 oz.

#### Supper (All 3 Components)

2 Vegetable/Fruit (2 different types)	1 cup
1 Grain/Bread	
• Bread	2 slices
• Biscuit/Roll/Muffin/Cornbread	2 servings
• Pasta/Noodles/Grains	1 cup
1 Meat/Meat Alternate	
• Meat/Poultry/Fish	2 oz.
• Cheese	2 oz.
• Egg	1
• Cooked Dry Beans or Peas	½ cup
• Peanut Butter or Nut/Seed Butters	4 Tbsp.
• Nuts and Seeds	1 oz.
• Yogurts	8 oz.
• Alternate Protein Product	2 oz.

#### Snack (Select at least two different components from the following four)

1 Fluid Milk	1 cup
1 Vegetable/Fruit	½ cup
1 Grain/Bread	1 slice or serving
1 Meat/Meat Alternate	
• Meat or Cheese	1 oz.
• Egg	½
• Peanut Butter or Nut/Seed Butters	2 Tbsp.
• Nuts and Seeds	1 oz.
• Yogurts	4 oz.

# Child and Adult Care Food Program



## FOOD CHART INFANT MEAL PATTERN



Ages	Birth - 3 months	4 - 7 months	8 - 11 months
<b>Breakfast</b>			
Fluid Milk or Breast milk	4 - 6 fl oz.	4 - 8 fl oz.	6 - 8 fl oz.
Iron Fortified Infant Cereal	---	0 - 3 Tbsp.	2 - 4 Tbsp.
Fruit/Vegetable	---	---	1-4 Tbsp.
<b>Lunch/Supper</b>			
Fluid Milk or Breast milk	4 - 6 fl oz.	4 - 8 fl oz.	6 - 8 fl oz.
Iron Fortified Infant Cereal	---	0 - 3 Tbsp.	2 - 4 Tbsp.
Fruit/Vegetable	---	0 - 3 Tbsp.	1-4 Tbsp.
Meat, Fish, Poultry, Egg, Cooked dry beans or Peas	---	---	1 - 4 Tbsp.
Cheese	---	---	½ - 2 oz.
Cottage Cheese	---	---	1 - 4 oz. (volume)
Cheese food/spread	---	---	1 - 4 oz. (weight)
<b>Snack</b>			
Fluid Milk or Breast milk	4 - 6 fl oz.	4 - 8 fl oz.	2 - 4 fl oz.
Fruit Juice	---	---	2 - 4 fl oz.
Bread	---	---	0 - ½ serving
Crackers	---	---	0 - 2 Tbsp.

### Notes:

1. Infant formula and dry infant cereal MUST be iron-fortified.
2. Breast milk or formula, or portions of both, may be served; however, breast milk is recommended.
3. A serving of fruit/vegetable, bread, cereal, or crackers is required when the infant is developmentally ready to accept it.
4. Fruit juice MUST be full strength.
5. A serving of bread or crackers MUST be made with whole-grain or enriched meal or flour.

## Dietary Restrictions & Substitutions Statement

The following statement is for United States Department of Agriculture (USDA) programs,  
including the **Child and Adult Care Food Program**.

USDA regulations 7CFR Part 15B requires substitution or modifications in school/program meals for children whose disabilities (defined below) restrict their diets. A child with a disability must be supplied substitutions in foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reaction, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made.

- **"Disability"**: A physical or mental impairment which substantially limits one or more of an individual's major life activities.
- **"Major Life Activity"**, as defined by ADAAA: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and major bodily functions.
- **"Major Bodily Functions"** has been defined as: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

The statement must include the following:

*To be completed by Parent/Guardian*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by child's Physician or Medical Authority:*

State the "disability" and major life activities affected:

\_\_\_\_\_  
\_\_\_\_\_

List the food allergies or food intolerances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the food or beverages to be substituted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional dietary restrictions or special diet:

\_\_\_\_\_  
\_\_\_\_\_

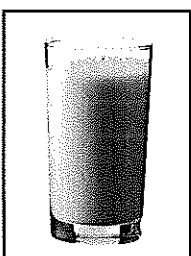
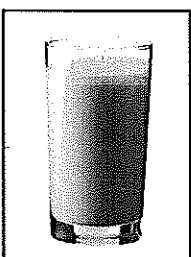
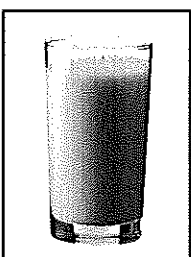
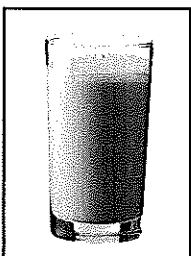
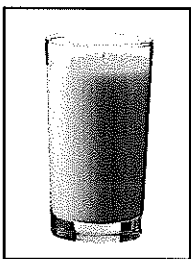
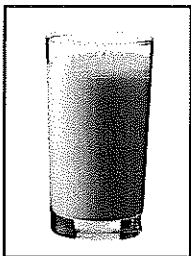
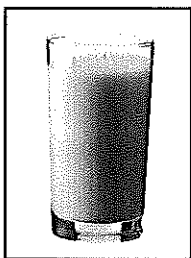
Physician's Name: \_\_\_\_\_ Office Number: \_\_\_\_\_

Physician/Medical Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please have parent/guardian review form annually and initial/date if no changes are required.

\*Any changes require submission of a new form signed by the child's physician or medical authority.

## **CACFP MILK REQUIREMENTS**



**FAT-FREE AND LOW-FAT MILK:** Milk served in the CACFP must be consistent with the most recent version of the Dietary Guidelines for Americans. The 2010 Dietary Guidelines recommend that persons **over two years** of age consume low-fat (1%) or fat-free (skim) fluid milk. Therefore, fluid milk served in CACFP to participants two years of age and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk. Milk served must be pasteurized fluid milk that meets State and local standards, and may be flavored or unflavored. **Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age. If served, the meal is not reimbursable and will be disallowed.**

**WHOLE MILK:** It is recommended, but not required, that children **12 through 23 months** of age be served whole milk only.

**Can a participant or parent/guardian request that they be served whole or reduced fat (2%) milk?** No. It is required that milk served to participants in the CACFP be aligned with the most recent Dietary Guidelines for Americans. The 2010 Dietary Guideline for Americans recommends that persons over the age of two, consume low-fat (1%) or fat-free (skim) milk. Therefore, any request for higher fat milk must be made through a medical statement, related to a medical disability and prescribed by a licensed physician.

### **NON-DAIRY BEVERAGES:**

**What if a participant is not able to consume fluid milk due to a MEDICAL or OTHER SPECIAL DIETARY NEED (documentation required from doctor), other than a disability?** Non-dairy beverages may be served in lieu of fluid milk. Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk. (Call your sponsor for specific details on nutrition requirements) **If this substitution is provided by the daycare provider or the parent/guardian, it is reimbursable.**

**What if a parent/guardian requests in writing a non-dairy milk substitution (without providing a doctor's note) due to choice (for example: vegan diet)?** The parent /guardian can submit a written request to the daycare provider asking that soy milk, for example, be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the participant. **Such substitutions are at the option of the facility. If this substitution is provided by the daycare provider or the parent/guardian, it is reimbursable.**

**When submitting menus for review, do providers need to document the type of milk that they serve?** **NO;** providers are not required to document the type of milk that is being served. However; they must ensure that participants of various ages seated at the same meal receive the appropriate type of milk.

***We are here to assist you, so please feel free to contact your coordinator or our office with any questions regarding CACFP milk requirements.***

# MILK SUBSTITUTES...MINIMUM NUTRITIONAL REQUIREMENTS

NUTRIENT	UNIT	VALUE PER CUP (244g)
Protein	g	8
Calcium, Ca	mg	276
Magnesium, Mg	mg	24
Phosphorus, P	mg	222
Potassium, K	mg	349
Riboflavin	mg	0.44
Vitamin B-12	µg	1.10
Vitamin A	IU	500
Vitamin D	IU	100

Based upon USDA required nutrients - fortified to the levels found in whole milk

**Fat Free = Skim Milk**

**Low Fat = 1% Milk Fat**

**Reduced Fat = 2% Milk Fat**

**Full Fat = Whole Milk**

## USDA Approved Fluid Milk Substitutes

MILK PROTEIN ALLERGY	LACTOSE INTOLERANCE
8 <sup>th</sup> Continental Original Soy Milk (1)	Lactaid (lactose free) Milk
Pacific Natural Soy Milk (2)	Low Fat Lactose Reduced Milk
Pacific Natural Vanilla Soy Milk (3)	
Pearl Organic Smart Vanilla Soy Milk (4)	
Pearl Organic Smart Chocolate Soy Milk (5)	
Silk Original Soy Milk (6)	

(1) Hannaford, Shaw's, Target (2) Hannaford, Shaw's (3) Hannaford, Shaw's (4) Sam's, Wal-Mart (5) Sam's, Wal-Mart (6) Hannaford, Shaw's, Target, Wal Mart

Parents or guardians may now request in writing non-dairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request to the child's caretaker asking that soy milk be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child.

It is at the caregiver's discretion to provide a non-dairy substitute if it is not related to a medical disability.

All non-dairy milk substitutes are at the expense of the caregiver and/or the child's parent or guardian.

If a parent provides a non-dairy milk substitute that meets the nutritional standards as outlined in 7 CFR 210.10 (m)(3) and that has been approved by the State agency, the caregiver may serve the non-dairy milk substitute and still claim reimbursement for the meal.

## CACFP Weekly Menu (5-Day)

Sponsor / Site Name: Play & Learn Child Care					Month / Year November, 2015		
Type	Component	Minimum Serving	Minimum Serving	Minimum Serving	Date: 11/2/15	Date:	Date:
		1 and 2 years (A)	3 - 5 years (B)	6 - 12 years (C)	Monday	Tuesday	Wednesday
					Monday	Tuesday	Thursday
							Friday
Breakfast	Milk, fluid	1/2 cup	3/4 cup	1 cup	1% milk A=3 B=7		
	Juice, fruit or vegetable	1/4 cup	1/2 cup	3/4 cup	Bananas A=3 B=7		
	Grains/Breads	1/2 slice	1/2 slice	1 slice	Corn Flakes A=3 B=7		
	Cold dry cereal	1/4 cup (or 1/3 oz)	1/3 cup (or 1/2 oz)	3/4 cup (or 1 oz)			
	Cooked cereal	1/4 cup	1/4 cup	1/2 cup			
	Other extra food items						
To be reimbursable, each snack must contain one food item from TWO of the four food groups. Two fluids do not constitute a creditable snack (milk and juice).							
AM Snack (select 2)*	Milk, fluid	1/2 cup	1/2 cup	1 cup			
	Juice, fruit or vegetable	1/2 cup	1/2 cup	3/4 cup	Blueberries A=3 B=7		
	Grains/Breads	1/2 slice*	1/2 slice*	1 slice*	Toast A=3 B=7		
	Cold dry cereal	1/4 cup (or 1/3 oz)	1/3 cup (or 1/2 oz)	3/4 cup (or 1 oz)			
	Meat or meat alternate	1/2 oz.	1/2 oz.	1 oz.			
	Other extra food items						
Lunch	Milk, fluid	1/2 cup	3/4 cup	1 cup	1% milk A=2 B=7		
	Meat or meat alternate	1 oz.	1 1/2 oz.	2 oz.	Chicken A=2 B=7		
	Grains/Breads	1/2 slice*	1/2 slice*	1 slice*	Noodles A=2 B=7		
	Pasta/Noodles	1/4 cup	1/4 cup	1/2 cup			
	Fruit and/or vegetable and/or juice (2 or more)	1/4 cup total	1/2 cup total	3/4 cup total	Peas A=2 B=7 Oranges A=2 B=7		
	Other extra food items						

To be reimbursable, each snack must contain one food item from TWO of the four food groups. Two fluids do not constitute a creditable snack (milk and juice).							
PM Snack (select 2)**	Milk, fluid	1/2 cup	1/2 cup	1 cup			
	Juice, fruit or vegetable	1/2 cup	1/2 cup	3/4 cup			
	Grains/Breads Cold dry cereal	1/2 slice* 1/4 cup (or 1/3 oz.)	1/2 slice* 1/3 cup (or 1/2 oz.)	1 slice* 3/4 cup (or 1 oz.)			
	Meat or meat alternate	1/2 oz.	1/2 oz.	1 oz.			
	Other extra food items						
Supper	Milk, fluid	1/2 cup	3/4 cup	1 cup			
	Meat or meat alternate	1 oz.	1 1/2 oz.	2 oz.			
	Grains/Breads Pasta/Noodles	1/2 slice* 1/4 cup	1/2 slice* 1/4 cup	1 slice* 1/2 cup			
	Fruit and/or vegetable and/or juice (2 or more)	1/4 cup total	1/2 cup total	3/4 cup total			
	Other extra food items						
Evening Snack (select 2)**	Milk, fluid	1/2 cup	1/2 cup	1 cup			
	Juice, fruit or vegetable	1/2 cup	1/2 cup	3/4 cup			
	Grains/Breads Cold dry cereal	1/2 slice* 1/4 cup (or 1/3 oz.)	1/2 slice* 1/3 cup (or 1/2 oz.)	1 slice* 3/4 cup (or 1 oz.)			
	Meat or meat alternate	1/2 oz.	1/2 oz.	1 oz.			
	Other extra food items						



## CACFP Child Meal Pattern Reminders

- Fluid Milk
  - Serve whole milk to children between 1-2 years of age
  - Serve fat-free (skim) or low-fat (1%) milk to children 2 years and older
- Meat / alternate portion is for the served edible portion (for example, bones don't count towards the portion size).
- Snacks:
  - Select 2 different components for a reimbursable meal.
  - Juice cannot be served when milk is the only other component served

### Lunch / Supper

- Serve 2 or more types of fruit and/or vegetables.
  - 100% vegetable or fruit juice cannot count for more than 1 of the 2 servings.
- If seeds or nuts are served as the meat/alternate, they can only "count" as 50% of the portion size.
  - Seeds or nuts must be combined with another meat/alternate to fulfill the portion size requirements.

### At-Risk After School Meal Program Children 13 thru 18 years of age

- Children are eligible to participate in the At-Risk After School Meal Program thru age 18.
- Children ages 13 thru 18 must be served at least the minimum (or larger size) portions served to children in the 6 thru 12 age category.

## CACFP Weekly Menu (5-Day)

Sponsor / Site Name:		Month / Year					
Type	Component	Minimum Serving	Date: Monday	Date: Tuesday	Date: Wednesday	Date: Thursday	Date: Friday
Breakfast	Milk, fluid	1 cup					
	Juice, fruit or vegetable	½ cup					
	Bread/roll/muffin Etc. Cold dry cereal Cooked cereal Pasta/noodles/grain	2 servings 1 ½ cups 1 cup 1 cup					
	Other extra food items						
To be reimbursable, each snack must contain one food item from TWO of the four food groups. Two fluids do not constitute a creditable snack (milk and juice).							
AM Snack (select 2)**	Milk, fluid	1 cup					
	Juice, fruit or vegetable	½ cup					
	Bread/roll/muffin Etc. Cold dry cereal Cooked cereal Pasta/noodles/grain	1 serving ¾ cup ½ cup ½ cup					
	Meat / meat alternate Egg Beans/peas Yogurt Nut/seed butter	1 ounce ½ egg ¼ cup 4 ounces 2 Tbsp.					
	Other extra food items						
Lunch	Milk, fluid	1 cup					
	Meat / meat alternate Egg Beans/peas Yogurt Nut/seed butter	2 ounces 1 egg ½ cup 8 ounces 4 Tbsp.					
	Bread/roll/muffin Etc. Cold dry cereal Cooked cereal Pasta/noodles/grain	2 servings 1 ½ cups 1 cup 1 cup					
	Fruit and/or vegetable and/or juice (2 or more)	1/2 cup					
	Other extra food items						

To be reimbursable, each snack must contain one food item from TWO of the four food groups. Two fluids do not constitute a creditable snack (milk and juice).									
PM Snack (select 2)**	Milk, fluid	1 cup							
	Juice, fruit or vegetable	1/2 cup							
	Bread/roll/muffin Etc. Cold dry cereal Cooked cereal Pasta/noodles/grain	1 serving 3/4 cup 1/2 cup 1/2 cup							
	Meat / meat alternate Egg Beans/peas Yogurt Nut/seed butter	1 ounce 1/2 egg 1/4 cup 4 ounces 2 Tbsp.							
	Other extra food items								
Supper	Milk, fluid	Not Required							
	Meat / meat alternate Egg Beans/peas Yogurt Nut/seed butter	2 ounces 1 egg 1/2 cup 8 ounces 4 Tbsp.							
	Bread/roll/muffin Etc. Cold dry cereal Cooked cereal Pasta/noodles/grain	2 servings 1 1/2 cups 1 cup 1 cup							
	Fruit and/or vegetable and/or juice (2 or more)	1/2 cup 1/2 cup							
	Other extra food items								

To be reimbursable, each snack must contain one food item from TWO of the four food groups. Two fluids do not constitute a creditable snack (milk and juice).									
Evening Snack (select 2)**	Milk, fluid	1 cup							
	Juice, fruit or vegetable	1/2 cup							
	Bread/roll/muffin Etc. Cold dry cereal Cooked cereal Pasta/noodles/grain	1 serving 3/4 cup 1/2 cup 1/2 cup							
	Meat / meat alternate Egg Beans/peas Yogurt Nut/seed butter	1 ounce 1/2 egg 1/4 cup 4 ounces 2 Tbsp.							
	Other extra food items								

## CACFP Meal Pattern Reminders

- Fluid Milk
  - Serve fat-free (skim) or low-fat (1%) milk.
  - Milk is not required at Supper.
- Meat / alternate portion is for the served edible portion (for example, bones don't count towards the portion size).
- Snacks:
  - Select 2 different components for a reimbursable meal.
  - Juice cannot be served when milk is the only other component served.

### Lunch / Supper

- Serve 2 or more types of fruit and/or vegetables.
  - 100% vegetable or fruit juice cannot count for more than 1 of the 2 servings.
- If seeds or nuts are served as the meat/alternate, they can only "count" as 50% of the portion size.
  - Seeds or nuts must be combined with another meat/alternate to fulfill the portion size requirements.
- Offer versus Serve allows adults to refuse 1 component at Breakfast, 2 components at Lunch and 2 components at Supper.

# INFANT MENU AND PRODUCTION FORM

Provider Name: \_\_\_\_\_

Week Of: \_\_\_\_\_

Enrolled Infants: Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_

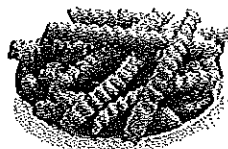
Quantities listed are per child. I certify that the quantities listed x the number of children listed was prepared and offered.

		#Children fed each meal, daily, by age group							Total By Meals
		M	T	W	Th	F	Sat	Sun	
(I) BREAKFASTS:									
(a) <u>Birth through 3 months:</u> 4-6 Fluid oz. Breast Milk <u>or</u> 4-6 Fluid oz. Iron-Fortified Infant Formula*									
(b) <u>4 through 7 months:</u> (1) 4-8 Fluid oz. Breast Milk <u>or</u> 4-8 Fluid oz. Iron-Fortified Infant Formula <u>and</u> (2) 0-3 Tbsp. Infant Cereal of appropriate consistency.									
(c) <u>8 through 11 months:</u> (1) 6-8 Fluid oz. Breast Milk <u>or</u> 6-8 Fluid oz. Iron-Fortified Infant Formula <u>and</u> (2) 2-4 Tbsp. Infant Cereal of appropriate consistency <u>and</u> (3) 1-4 Tbsp. Fruit and/or Vegetable.									
(II) LUNCHES OR SUPPERS:									
(a) <u>Birth through 3 months:</u> 4-6 Fluid oz. Breast Milk <u>or</u> 4-6 Fluid oz. Iron-Fortified Infant Formula*	L								
	S								
(b) <u>4 through 7 months:</u> (1) 4-8 Fluid oz. Breast Milk <u>or</u> 4-8 Fluid oz. Iron-Fortified Infant Formula (2) 0-3 Tbsp. Infant Cereal of appropriate consistency <u>and</u> (3) 0-3 Tbsp. Fruit and/or Vegetable or appropriate consistency or a combination of both.	L								
	S								
(c) <u>8 through 11 months:</u> (1) 6-8 Fluid oz. Breast Milk <u>or</u> 6-8 Fluid oz. Iron-Fortified Infant Formula (2) 1-4 Tbsp Fruit and/or Vegetable of appropriate consistency or a combination of such foods (3) 2-4 Tablespoons Infant Cereal <u>and/or</u> (4) 1-4 Tbsp. Meat, Fish, Poultry or Egg Yolk, or 1/2 to 2 oz. Cheese, or 1-4 oz. Cottage Cheese or Cheese Food or Cheese Spread of appropriate consistency, or cooked Dry Bean or Peas.	L								
	S								
(III) SUPPLEMENTS:									
(a) <u>Birth through 3 months:</u> 4-6 Fluid oz. Breast Milk <u>or</u> 4-6 Fluid oz. Iron-Fortified Infant Formula*	AM								
	PM								
	EVE								
(b) <u>4 through 7 months:</u> 4-6 Fluid oz. Breast Milk <u>or</u> 4-6 Fluid oz. Iron-Fortified Infant Formula*	AM								
	PM								
	EVE								
(c) <u>8 through 11 months:</u> 1 2-4 Fluid oz. Breast Milk (1) 2-4 Fluid oz. Breast Milk <u>or</u> 2-4 Fluid oz. Iron-Fortified Infant Formula <u>or</u> full strength Fruit Juice <u>and</u> (2) 0-1/2 slice Crusty Bread or 0-2 Cracker type products made from whole grain or enriched meal or flour suitable for infants as a finger food when appropriate.	AM								
	PM								
	EVE								

(Provider or Center Staff Signature)

(Date)

## ACTIVITY: USING THE FOOD BUYING GUIDE TO CALCULATE AMOUNT OF FOOD NEEDED



You are planning to serve  $\frac{1}{2}$  cup servings of baked French fries.

You estimate that you will need 45 servings.

Using the Food Buying Guide, calculate how much you will need to purchase.

1. Locate the item in the *Food Buying Guide*.
2. Look in column 4 to check the serving size listed. If it does not match your serving size, you need to convert it.  
Serving size in column 4: \_\_\_\_\_
3. How many of the serving size that you wrote above will you need to get your 45 serving of  $\frac{1}{2}$  cup each?

Total servings needed (of amount that was listed in column 4): \_\_\_\_\_

4. Now look at column 2 and find the purchase unit: \_\_\_\_\_

and look at column 3 for the number of serving that you will get out of each purchase unit: \_\_\_\_\_

5. Divide the total number of servings needed (from #3) by the number of servings that you get in a purchase unit (from column 3):

Round up to ensure that enough food is available.

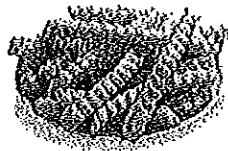
Answer: \_\_\_\_\_ of fries will be needed to have 45 servings of  $\frac{1}{2}$  cup each.

## Section 2—Vegetables/Fruits

1 Food As Purchased, AP	2 Purchase Unit	3 Servings per Purchase Unit, EP	4 Serving Size per Meal Contribution	5 Purchase Units for 100 Servings	6 Additional Information
<b>POTATOES (continued)</b>					
Potatoes, frozen Shells	Pound	11.1	1/4 cup baked vegetable	9.1	1 lb AP = 0.90 lb baked potato shell
Potatoes, frozen Wedges USDA Commodity	Pound	11.9	1/4 cup baked vegetable	8.5	1 lb AP = 0.71 lb (about 2-7/8 cups) baked potato
	5 lb pkg	59.6	1/4 cup baked vegetable	1.7	5 lb bag = about 14-7/8 cups baked potato
Potatoes, frozen Whole Small	Pound	10.1	1/4 cup cooked vegetable	10.0	
Potatoes, dehydrated Diced Low moisture Includes USDA Commodity	Pound	45.1	1/4 cup reconstituted, heated vegetable	2.3	1 lb dry = about 5-1/8 cups dehydrated diced potatoes
Potatoes, dehydrated Flake Low moisture Includes USDA Commodity	Pound	50.5	1/4 cup reconstituted, heated vegetable	2.0	1 lb dry = about 7-1/2 cups dehydrated potato flakes
Potatoes, dehydrated, Granules Low moisture Includes USDA Commodity	Pound	50.5	1/4 cup reconstituted, heated vegetable	2.0	1 lb dry = about 2-1/4 cups dehydrated potato granules
Potatoes, dehydrated Slices Low moisture Includes USDA Commodity	Pound	43.5	1/4 cup reconstituted, heated vegetable	2.3	1 lb dry = about 9-2/3 cups dehydrated potato slices
<b>POTATOES, FRENCH FRIES</b>					
Potatoes, French Fries, frozen Crinkle cut Low moisture Ovenable Includes USDA Commodity	Pound	16.2	1/4 cup cooked vegetable	6.2	1 lb AP = 0.92 lb (about 4 cups) baked French fries
	4 lb pkg	64.9	1/4 cup cooked vegetable	1.6	

## Answer Sheet

### ACTIVITY: USING THE FOOD BUYING GUIDE TO CALCULATE AMOUNT OF FOOD NEEDED



You are planning to serve  $\frac{1}{2}$  cup servings of baked french fries.

You estimate that you will need 45 servings.

Using the Food Buying Guide, calculate how much you will need to purchase.

1. Locate the item in the *Food Buying Guide*.
2. Look in column 4 to check the serving size listed. If it does not match your serving size, you need to convert it.

Serving size in column 4:  $\frac{1}{4}$  cup

3. How many of the serving size that you wrote above will you need to get your 45 serving of  $\frac{1}{2}$  cup each?  $\frac{1}{4} c = 0.25$      $\frac{1}{2} c = 0.50$  (divide  $\frac{1}{2}$  by  $\frac{1}{4}$ )

$$0.5 \div 0.25 = 2 \text{ (multiply this by the \# of servings you need)}$$

$$2 \times 45 = 90$$

Total servings needed (of amount that was listed in column 4): 90

4. Now look at column 2 and find the purchase unit: pound

and look at column 3 for the number of serving that you will get out of each purchase unit: 16.2

5. Divide the total number of servings needed (from #3) by the number of servings that you get in a purchase unit (from column 3):

# of servings needed is 90

Serving per unit is 16.2

$$90 \div 16.2 = 5.55$$

Round up to ensure that enough food is available. 5.75

Answer:  $5\frac{3}{4}$  pounds of fries will be needed to have 45 servings of  $\frac{1}{2}$  cup each.



[illegible]

**CACFP RATES FOR JULY 1, 2016 ~ JUNE 30, 2017**  
**Per meal rates in Whole or Fractions of US Dollars**

<b>Rates</b>	<b>Breakfast</b>	<b>Lunch &amp; Supper</b>	<b>Snack</b>
<b>Free</b>	<b>1.71</b>	<b>3.16</b>	<b>0.86</b>
<b>Reduced</b>	<b>1.41</b>	<b>2.76</b>	<b>0.43</b>
<b>Paid</b>	<b>0.29</b>	<b>0.30</b>	<b>0.07</b>

**CIL: 23.00 cents**

<b>Tier 1</b>	
<b>Breakfast</b>	<b>1.31</b>
<b>Lunch &amp; Sup</b>	<b>2.46</b>
<b>Snack</b>	<b>0.73</b>

<b>Tier II</b>	
<b>Breakfast</b>	<b>0.48</b>
<b>Lunch &amp; Sup</b>	<b>1.49</b>
<b>Snack</b>	<b>0.20</b>

**Administrative Reimbursement rates for Sponsoring Organizations of Day Care Homes.**

**Homes rates are per home/per month**

<b>Home Rates</b>	
<b>Initial 50</b>	<b>112.00</b>
<b>Next 150</b>	<b>86.00</b>
<b>Next 800</b>	<b>67.00</b>
<b>Each Add</b>	<b>59.00</b>

## ANNUAL STAFF TRAINING

Administrative Staff \_\_\_\_\_ Monitor Staff \_\_\_\_\_ Food Service Staff \_\_\_\_\_

DATE OF TRAINING \_\_\_\_\_

Each sponsoring agency or center is required to provide yearly training in CACFP requirements for all Center staff involved in planning, preparing, serving and collecting data regarding meal service.

Check off one or all of the above staff areas that this training pertains to. Separate yearly training can be held for the three staff areas as applicable to their position or completed in one training.

### Training REQUIRED

Meal Patterns  
Point of Service Meal Counts  
Claims Submission  
Review Procedures  
Reimbursement Systems  
Recordkeeping Requirements  
Civil Rights

### Recommended Training

Nutrition  
Safety and Sanitation  
Learning Activities Using Foods  
Role of Adults at Meal Times  
Portion Control  
Mealtime Atmosphere

### TRAINING GIVEN BY:

#### AGENDA: TOPICS COVERED

\*Attach all pertinent agenda materials

#### STAFF TRAINED

\*Attach sign in sheet as needed

MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Child & Family Services

CHILD & ADULT CARE FOOD PROGRAM  
Center Reimbursement Claim

IRS#: E CLAIM MONTH: \_\_\_\_\_ AGREEMENT #:: \_\_\_\_\_ CLAIM: \_\_\_\_\_ If original X  
If revision #...

NAME: \_\_\_\_\_

PAYMENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION A:

1. TYPE OF CENTERS REPORTING:

☐ CHILD DAY CENTERS

☐ HEAD START CHILD CARE CENTERS

☐ ADULT DAY CARE CENTERS

2. CENTERS:

NUMBER OF DAYS OPERATED \_\_\_\_\_

# SPONSORED \_\_\_\_\_ # OPERATING \_\_\_\_\_

AVERAGE DAILY ATTENDANCE: \_\_\_\_\_

3. NUMBER OF CHILDREN OR ADULTS PARTICIPATING IN A MEAL SERVICE THIS MONTH:

FREE: \_\_\_\_\_ REDUCED-PRICE: \_\_\_\_\_ PAID: \_\_\_\_\_ TOTAL: \_\_\_\_\_

☐ **FOR PROFIT CENTERS ONLY:** PERCENTAGE OF ENROLLED CHILDREN ELIGIBLE FOR FREE & REDUCED PRICE MEALS \_\_\_\_\_

4. NUMBER OF MEALS CLAIMED:

BREAKFASTS: \_\_\_\_\_ LUNCHES: \_\_\_\_\_ TOTAL SNACKS \_\_\_\_\_ SUPPERS: \_\_\_\_\_

(SNACKS AM \_\_\_\_\_ PM \_\_\_\_\_ EVE \_\_\_\_\_)

CERTIFICATION: I (We) CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT IN ALL RESPECTS; THAT RECORDS ARE AVAILABLE TO SUPPORT THIS CLAIM; THAT IT IS IN ACCORDANCE WITH THE TERMS OF THE EXISTING AGREEMENT(S) AND THAT PAYMENT, THEREFORE, HAS NOT BEEN RECEIVED.

CCI AUTHORITY \_\_\_\_\_ DATE \_\_\_\_\_

PREPARER \_\_\_\_\_

E-MAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Submit all claims by the 15th day following the month being reported to:

DHHS - CACFP, SHS #11, 2 ANTHONY AVENUE, AUGUSTA, ME 04333-0011

0689FP311-0013

## ACTIVITY: CALCULATING AVERAGE DAILY ATTENDANCE FOR A MONTHLY CLAIM

- ❖ At the end of each day, you will determine the total number of CACFP participants who were fed at your site that day.
- ❖ At the end of the reporting month, you will add these daily attendance totals. This number would be your *total monthly attendance*.
- ❖ You then determine your average daily attendance (ADA) using these numbers.

Using the following example, calculate the average daily attendance.

Jan 3	25
Jan 4	30
Jan 5	35
Jan 6	28
Jan 7	27
Jan 10	36
Jan 11	42
Jan 12	23
Jan 13	21
Jan 14	38
Jan 17	1
Jan 18	45
Jan 19	29
Jan 20	33
Jan 21	41
Jan 24	38
Jan 25	40
Jan 26	31
Jan 27	22
Jan 28	37
<b>TOTAL:</b>	

Total monthly attendance = \_\_\_\_\_

Divided by number of days operated = \_\_\_\_\_

Equals ADA \_\_\_\_\_

**\*\* Last Step: Always round up to the next whole number, since we are counting entire people ☺**

Average Daily Attendance: \_\_\_\_\_

## Answer Sheet

### ACTIVITY: CALCULATING AVERAGE DAILY ATTENDANCE FOR A MONTHLY CLAIM

- ❖ At the end of each day, you will determine the total number of CACFP participants who were fed at your site that day.
- ❖ At the end of the reporting month, you will add these daily attendance totals. This number would be your *total monthly attendance*.
- ❖ You then determine your average daily attendance (ADA) using these numbers.

Using the following example, calculate the average daily attendance.

Jan 3	25
Jan 4	30
Jan 5	35
Jan 6	28
Jan 7	27
Jan 10	36
Jan 11	42
Jan 12	23
Jan 13	21
Jan 14	38
Jan 17	1
Jan 18	45
Jan 19	29
Jan 20	33
Jan 21	41
Jan 24	38
Jan 25	40
Jan 26	31
Jan 27	22
Jan 28	37
TOTAL:	

Total monthly attendance = 622

Divided by number of days operated = 20

Equals ADA 31.1

**\*\* Last Step: Always round up to the next whole number, since we are counting entire people ☺**

Average Daily Attendance: 32

Maine Department of Health and Human Services  
Office of Child and Family Services  
Child and Adult Care Food Program  
Reimbursement Claim

Daycare

Agreement #: [REDACTED]

Claim Month: 2/1/2016

Claim ID: [REDACTED]

Employer ID: [REDACTED]

# Sponsored: 1

Revision #: 0

# Operating: 1

Avg Daily Attendance: 36

		Percentage	Meals	Rate	Total
Breakfast:	Free:	40.9%	210	\$1.66	\$348.60
	Reduced:	0.0%	0	\$1.36	\$0.00
	Paid:	59.1%	303	\$0.29	\$87.87
			513		
Lunch:	Free:	40.9%	203	\$3.07	\$623.21
	Reduced:	0.0%	0	\$2.67	\$0.00
	Paid:	59.1%	294	\$0.29	\$85.26
			497		
Supplements:	Free:	40.9%	284	\$0.84	\$238.56
	Reduced:	0.0%	0	\$0.42	\$0.00
	Paid:	59.1%	411	\$0.07	\$28.77
			695		
Supper:	Free:	40.9%	0	\$3.07	\$0.00
	Reduced:	0.0%	0	\$2.67	\$0.00
	Paid:	59.1%	0	\$0.29	\$0.00
			0		
Total Meals Reimbursement:					\$1,412.27
Cash-In-Lieu of Commodities:					
Total Suppers and Lunches:			497	\$0.2375	\$118.04
TOTAL REIMBURSEMENT EARNED:					\$1,530.31

\*\*\*\* An \* Indicates the amount for this line has been exceeded \*\*\*\*

Maine Department of Health and Human Services  
Office of Child and Family Services  
Child and Adult Care Food Program  
Reimbursement Claim

Employer ID: [REDACTED]  
Revision #: 0

Agreement #: [REDACTED]  
Claim Month: 2/1/2016  
Claim ID: [REDACTED]  
# Sponsored: 5  
# Operating: 5  
Avg Daily Attendance: 90

		Percentage	Meals	Rate	Total
Breakfast:	Free	99.3%	1507	\$1.66	\$2,501.62
	Reduced:	0.0%	0	\$1.36	\$0.00
	Paid:	0.7%	10	\$0.29	\$2.90
			1517		
Lunch:	Free:	99.3%	1757	\$3.07	\$5,393.99
	Reduced:	0.0%	0	\$2.67	\$0.00
	Paid:	0.7%	12	\$0.29	\$3.48
			1769		
Supplements:	Free:	99.3%	1082	\$0.84	\$908.88
	Reduced:	0.0%	0	\$0.42	\$0.00
	Paid:	0.7%	7	\$0.07	\$0.49
			1089		
Supper:	Free:	99.3%	2	\$3.07	\$6.14
	Reduced:	0.0%	0	\$2.67	\$0.00
	Paid:	0.7%	0	\$0.29	\$0.00
			2		
Total Meals Reimbursement:					\$8,817.50
Cash-In-Lieu of Commodities:					
Total Suppers and Lunches:			1771	\$0.2375	\$420.61
<b>TOTAL REIMBURSEMENT EARNED:</b>					<b>\$9,238.11</b>

\*\*\*\* An \* Indicates the amount for this line has been exceeded \*\*\*\*



## Contact Information

### *CACFP Agreement Administrators:*

- **Kerri Wyman** [Kerri.Wyman@maine.gov](mailto:Kerri.Wyman@maine.gov) 624-7960
- **Cindy Chase** [Cindy.Chase@maine.gov](mailto:Cindy.Chase@maine.gov) 624-7916

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<http://maine.gov/dhhs/ocfs/ec/occhs/foodpgm.htm>